

REASON FOR SUBMITTING APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of information Indicate change:	State of Michigan		RETURN APPLICATION TO:	
LEVEL OF SERVICE: Check only one <input type="checkbox"/> First Responder <input type="checkbox"/> Basic <input type="checkbox"/> Limited Advanced <input type="checkbox"/> Advanced	LIFE SUPPORT AGENCY LICENSE APPLICATION PART 1 FEE \$100.00 LATE FEE IS AN ADDITIONAL \$300.00 FIRST RESPONDERS (NO FEE) (PLEASE TYPE OR PRINT)		MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES – BUREAU OF HEALTH SYSTEMS EMERGENCY MEDICAL SERVICES 525 W. OTTAWA P.O. BOX 30664 LANSING, MI 48909	
COMPANY NAME	This life support agency has available vehicles, personnel and equipment to meet the terms of the proposed license and these vehicles, personnel and equipment will be utilized by the life support agency in such a manner as to meet all minimum standards as established by the Department and local medical control in accordance with Part 209, Act 368 of the Public Acts of 1978, as amended.		GEOGRAPHIC SERVICE AREA (Your Emergency Calls Only)	
STREET ADDRESS				
CITY STATE ZIP				
COUNTY PHONE	FEDERAL IDENTIFICATION NUMBER	FOR EMS SECTION USE ONLY		
TYPE OF STAFF: Check only one <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____ Please Specify	SIGNATURE OF LEGALLY RESPONSIBLE PERSON			
	NAME OF LEGALLY RESPONSIBLE PERSON			
	STREET ADDRESS			
TYPE OF SERVICE PROVIDED: Check only one <input type="checkbox"/> Ambulance Operation <input type="checkbox"/> Nontransport Prehospital Life Support Operation <input type="checkbox"/> Aircraft Transport Operation (Fixed Wing) <input type="checkbox"/> Air ambulance Life Support Operation (Helicopter) <input type="checkbox"/> Medical First Response Service	CITY STATE ZIP		FACILITY NUMBER	
IS YOUR SERVICE: Check appropriate box(es) <input type="checkbox"/> Fire <input type="checkbox"/> Police Dept. <input type="checkbox"/> Public Safety <input type="checkbox"/> Funeral Home <input type="checkbox"/> Hospital <input type="checkbox"/> Private (For Profit) <input type="checkbox"/> Private (Non Profit) <input type="checkbox"/> Other _____	TELEPHONE NUMBER			
	MEDICAL CONTROL			
	As Medical Director for _____ Medical Control Authority, I hereby attest that the above named Life Support Agency operates under medical control. (Include separate part 1 forms for each medical control authority in which you operate.)			
If the life support agency is operated or advertised with a name(s) different than the company named above, please list name(s):	PRINTED NAME OF MEDICAL DIRECTOR		TYPE OF LICENSE	
	Signature _____ Date _____			
			EXPIRATION DATE	

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF HEALTH SYSTEMS

INSTRUCTIONS

WHEN SUBMITTING YOUR APPLICATION FOR LICENSURE BE SURE THERE IS A COMPLETED PART 1 (LIFE SUPPORT AGENCY APPLICATION, BHS/EMS-180) FOR EACH MEDICAL CONTROL AUTHORITY UNDER WHICH YOU ARE OPERATING. EACH PART 1 MUST INCLUDE THE REQUIRED SIGNATURE OF THE LEGALLY RESPONSIBLE PERSON WITHIN YOUR LIFE SUPPORT AGENCY AND THE MEDICAL CONTROL AUTHORITY MEDICAL DIRECTOR.

When applying for licensure/relicensure include a completed Part 1 form, a completed Part 2 (BHS/EMS-181) for each vehicle and the Certificate of Insurance form (BHS/EMS-0092) for your agency.

When applying for licensure renewal, any information on the pre-printed renewal application that is incorrect, draw a line through the incorrect information and enter the correct information either above or next to the preprinted information.

Return all forms, including correct payment (if required) to the address indicated on the front of this application.

NOTE: Regardless of the number of medical control authorities you are under, you are only required to pay a single agency fee of \$100.

Any application packet received by the Michigan Department of Consumer & Industry Services, that is not properly completed will be returned to the life support agency for correction. Each agency should retain copies of all correspondence communicated to our office.

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.